

**Region 4**  
**U.S. Environmental Protection Agency**  
**Science and Ecosystem Support Division**  
**Athens, Georgia**

**OPERATING PROCEDURE**

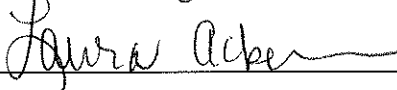
**Title: Corrective Action**

**Effective Date:** August 10, 2009

**Number:** SESDPROC-009-R3

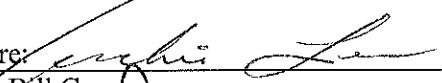
**Authors**

**Name:** Laura Ackerman  
**Title:** Environmental Engineer

**Signature:**  **Date:** 08/07/09

**Approvals**


**Name:** Archie Lee  
**Title:** Chief, Enforcement and Investigations Branch

**Signature:**  **Date:** 8/7/09

**Name:** Bill Cosgrove  
**Title:** Chief, Ecological Assessment Branch

**Signature:**  **Date:** 8/7/09

**Name:** Laura Ackerman  
**Title:** Field Quality Manager, Science and Ecosystem Support Division

**Signature:**  **Date:** 08/07/09

## Revision History

This table shows changes to this controlled document over time. The most recent version is presented in the top row of the table. Previous versions of the document are maintained by the SESD Document Control Coordinator.

History	Effective Date
<p>SESDPROC-009-R3, <i>Corrective Action</i>, Replaces SESDPROC-009-R2</p> <p><b>Title Page</b> Changed Enforcement and Investigations Branch Chief from Antonio Quinones to Archie Lee.</p> <p><b>History</b> Changed Field Quality Manager to Document Control Coordinator.</p> <p><b>Section 1.3</b> Omitted reference to the H: drive. Changed the Field Quality Manager to the Document Control Coordinator.</p> <p><b>Section 2.2</b> Added fourth sentence stating corrective action tracking numbers will begin with CA. Added "CA" to beginning of example in parentheses.</p> <p><b>Section 2.3</b> Edited items 9 and 10 to reflect changes made to the Corrective Action Form (SESDFORM-006).</p> <p><b>Section 2.4</b> Removed items 5 and 6.</p>	August 10, 2009
<p>SESDPROC-009-R2, <i>Corrective Action</i>, Replaces SESDPROC-009-R1</p> <p><b>Title Page</b> Changed title for Antonio Quinones from Environmental Investigation Branch to Enforcement and Investigations Branch.</p>	November 1, 2007
<p>SESDPROC-009-R1, <i>Corrective Action</i>, Replaces SESDPROC-009-R0</p> <p>This revision reflects the following changes:</p> <p><b>Cover Page:</b> Changed title from <i>Corrective Action Associated with Complaints, Audits, and Quality System Assessments</i> to <i>Corrective Action</i>. Author was changed due to extensive revisions conduct by Laura Ackerman. Previous author was Danny France.</p> <p><b>Section 1.1</b></p>	October 1, 2007

<p>Revised purpose to include all corrective actions associated with the field branches rather than limiting it to external complaints and quality assessments.</p> <p><b>Section 1.2</b> Clarified that this procedure only applies to the field branches. Deleted second sentence.</p> <p><b>Section 1.3</b> Delete definitions. Changes title to "References" and included references.</p> <p><b>Section 2.1</b> Changed title from "Summary of Procedure" to "General". Expanded areas where corrective action procedure will be utilized from nonconformances related to external complains, external audits, internal audits, or other internal assessments to nonconforming work. Deleted last sentence.</p> <p><b>Sections 2.2, 2.3, 2.4, 2.5, 2.6, 2.7</b> Deleted discussion of internal assessments, internal audits, external complaints, and external audits in Sections 2.2-2.5. Created new Section 2.2 titled "Corrective Action Initiation and Tracking". This section incorporates information formerly in Section 2.7 titled "Corrective Action Request". Created new Section 2.3 titled "Corrective Action Process". This section incorporates much of the information formerly in Section 2.6 titled "Corrective Action".</p> <p><b>Section 2.8</b> Deleted this section.</p> <p><b>Section 2.9</b> Revised to reflect changes in newly created Sections 2.2 and 2.3.</p> <p><b>Figure 1</b> Deleted figure.</p>	
<p>SESDPROC-009-R0, Corrective Action Associated with External Complaints and Quality System Assessments, Original Issue</p>	<p>February 5, 2007</p>

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# Contents

## 1 General Information

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### 1.1 Purpose

This document defines the procedure used to handle corrective action within the SESD field branches.

### 1.2 Scope/Application

This procedure applies to managers, the branch Quality Assurance Officers (QAOs) within the field branches, and the Field Quality Manager (FQM) who are the focal points for handling corrective action within the field branches.

### 1.3 Documentation/Verification

This procedure was prepared by persons deemed technically competent by SESD management, based on their knowledge, skills and abilities. The official copy of this procedure resides on the SESD local area network (LAN). The Document Control Coordinator (DCC) is responsible for ensuring the most recent version of the procedure is placed on the LAN and for maintaining records of review conducted prior to its issuance.

### 1.4 Definitions

#### *1.4.1 Corrective Action*

An action initiated in response to an identified nonconformance, in order to define a problem, attempt to identify the root cause, and determine how to prevent the problem from recurring.

#### *1.4.2 Corrective Action Team*

A corrective action team is designated by management and the FQM to investigate the root cause of a nonconformance and to propose a solution to the problem. The corrective action team may consist of one or more people and management may be part of the team if appropriate.

#### *1.4.3 Nonconformance*

Departure from the policies and procedures in the SESD Field Branches Quality System or technical operations, or the absence of a specified requirement.

## 1.5 References

SESD Corrective Action Form (SESDFORM-006, most recent version)

SESD Corrective Action Tracking Log (SESDFORM-028, most recent version)

SESD Operating Procedure for Document Control (SESDPROC-001, most recent version)

## **2 Methodology**

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### **2.1 General**

This procedure discusses how corrective action will be handled to address nonconforming work within the SESD field branches.

### **2.2 Corrective Action Initiation and Tracking**

Once the need for a corrective action has been identified, anyone within the field branches can initiate a corrective action request through the Field Quality Manager (FQM).

Corrective actions will be uniquely identified to facilitate tracking. A seven digit identification number will be assigned to each corrective action by the FQM. Tracking numbers will begin with CA. The first four digits will represent the fiscal year. The last three digits will begin at 001 and increase sequentially with each additional corrective action. The last three digits will start over at 001 at the beginning of each fiscal year (Ex. CA2007-001). The FQM will track corrective actions using the Corrective Action Tracking Log (SESDFORM-028).

Corrective actions will be documented using the SESD Corrective Action Form (SESDFORM-006).

### **2.3 Corrective Action Process**

The following procedure will be followed for addressing corrective actions.

1. Upon identification or notification of the need for a corrective action, the FQM will assign a corrective action identification number and begin documentation of the corrective action on the SESD Corrective Action Form (SESDFORM-006).
2. The FQM in consultation with the affected management will designate a Corrective Action Team (CAT) to assess the issues surrounding the problem. Members of the CAT will be noted on the SESD Corrective Action Form (SESDFORM-006).
3. The CAT will investigate the issue and determine the root cause of the problem. A summary of the assessment will be included on the SESD Corrective Action Form (SESDFORM-006).
4. Once the root cause of the problem has been identified, the CAT will determine how to correct the problem and prevent it from recurring. A summary of the cause and solution will be included on the SESD Corrective Action Form (SESDFORM-006).
5. The CAT will present the proposed solution to the affected management and the FQM for approval.

6. Upon approval of the solution, if any policies or procedures require updates, the FQM will ensure they are conducted in accordance with the SESD Operating Procedure for Document Control (SESDPROC-001).
7. The FQM will notify all affected personnel either verbally or in writing (email or memo) of any changes that result from the corrective action process.
8. Management is responsible for ensuring all affected personnel are implementing any changes. Some ways that management may do this is through direct communication with their staff and reviews of project records.
9. The FQM, or their designee will formally monitor the effectiveness of corrective actions by conducting a review of the corrective action. The time frame for reviews will be determined by the FQM and will be based on the magnitude and risk of the problem. Multiple follow-ups may be conducted to ensure the effectiveness of the corrective action.
10. If the FQM determines that the corrective action is not effective, based on the magnitude and risk of the problem, the CAT or management may be tasked with re-evaluating the problem and proposing another solution. If so, steps 5-9 above may be repeated. There may be situations where management needs to reassign members of the CAT due to expertise with a specific issue or to bring new perspective to a problem. In those situations, Steps 2-9 may be repeated.
11. Once the problem has been adequately addressed, the FQM will close-out the corrective action as shown in Section 4 of the SESD Corrective Action Form (SESDFORM-006).

Based on identified areas of nonconformance, SESD will conduct internal audits of appropriate areas of activity, as needed, to ensure compliance with SESD policies and procedures and ISO 17025.

The FQM will summarize corrective actions generated during the year and report them to management for inclusion in the annual management review.

## **2.4 Records**

The FQM will maintain all records associated with corrective actions. The records may include but are not limited to:

1. SESD Corrective Action Tracking Log (SESDFORM-028)
2. SESD Corrective Action Form (SESDFORM-006)
3. Documentation associated with root cause analysis
4. Documentation associated with solutions to the problem.